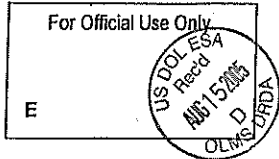


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8087</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ROBERT J. WESSELHOFF JR.</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>239 POPPY LANE</u> City <u>MATTESON</u> State <u>IL</u> ZIP Code + 4 <u>60443</u>	4. Name, file number, and address of labor organization. Name <u>CEMENT MASONS UNION LOCAL NO 502</u> Labor Organization File Number <u>012-533</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>739 S. 25th AVE</u> City <u>BELLWOOD</u> State <u>IL</u> ZIP Code + 4 <u>60604-1994</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert J. Wesselhoff On 7/9/05 Date Telephone Number

Name of Person Filing

ROBERT J WESSELOFF JR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CEMENT MASONS LOCAL 502 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25th AVE

City BELLWOOD

State IL ZIP Code + 4 60104-1994

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASONS UNION LOCAL 502 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25th AVE

City BELLWOOD

State IL ZIP Code + 4 60104-1994

11.a. Nature of such dealing.

TRUSTEE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT FROM TRUST FUND FOR DOL + ERISA REQUIRED EDUCATIONAL CONFERENCES
FOOD TRAVEL + LODGING IN THE EXERCISE OF MY FIDUCIARY DUTY

12.b. Amount.

2525.76

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

ROBERT J WESSELHOFF JR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND RADJAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1910 JACKSON BLVD

City Chicago

State IL ZIP Code + 4 60604-3958

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASON'S UNION LOCAL NO. 502

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25th AVE

City BLUEWOOD

State IL ZIP Code + 4 60104

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

150,64.00

12.a. Nature of interest held or income received.

CHRISTMAS PARTY

12.b. Amount.

140.78

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

ROBERT J WESSELHOFF JR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND KADJAV

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1910 JACKSON BLVD

City CHICAGO

State IL ZIP Code + 4 60604-3958

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CINCINNATI NAACP UNION LOCAL 100 SCL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25TH AVE

City BELLWOOD

State IL ZIP Code + 4 60604

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

150,64.00

12.a. Nature of interest held or income received.

CASE OF HOLIDAY SPIRITS

12.b. Amount.

22146

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

ROBERT J WESSELOFF JR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LEGACY PROFESSIONALS LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 N CASALE

City CHICAGO

State IL ZIP Code + 4 60602-2595

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CONCRETE MASON'S UNION LOCAL 100, SDL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25th Ave

City BELLWOOD

State IL ZIP Code + 4 60104-1994

11.a. Nature of such dealing.

UNION AUDITOR

11.b. Approximate dollar value of such dealing.

24500.00

12.a. Nature of interest held or income received.

WESSELOFF RETIREMENT LUNCHEON

12.b. Amount.

4632

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

ROBERT J WESSELHOFF JR

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNOLD AND RADJAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1910 JACKSON BLVD

City Chicago

State IL ZIP Code + 4 60604-3958

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASON'S UNION LOCAL NO. 502

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 739 S 25th Ave

City Bellwood

State IL ZIP Code + 4 60604

11.a. Nature of such dealing.

UNION ATTORNEY

11.b. Approximate dollar value of such dealing.

150,64.00

12.a. Nature of interest held or income received.

WESSELHOFF RETIREMENT LUNCHEON

12.b. Amount.

46.32

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.